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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Latoya I. Cross
Art Unit: 1743

DATE: September 16, 2005

FROM: Barry M. Shuman/Wei-Ning Yang

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 14

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MESSAGE:

Patent Application No.: 09/811,028; Our Ref. 81841.0154
I hereby certify that the following documents:

☒ Amendment Under 37 C.F.R. § 1.116/Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 16, 2005
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Donna M. Bourgeois

TELECOPY/FAX NUMBER: 571-273-8300 - ART UNIT 1743

CLIENT NUMBER: 81841.0154

ATTORNEY BILLING NUMBER: 6085

CONFIRMATION NUMBER: 571-273-8300 (return fax to Donna M. Bourgeois)

1991-174 (81841.0154)

FORM PTO-1083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Donald J. GJERDINGEN, et al.
Serial No: 09/811,028
Filed: March 16, 2001
For: ROTARY INCUBATION STATION FOR
IMMUNOASSAY SYSTEMS

Art Unit: 1743
Examiner: Latoya I. Cross

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September 16, 2005

Date of Deposit

Donna M. Bourgeois

Name

Signature

09/16/05
Date

Mall Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment Under 37 C.F.R. § 1.116
for the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	24	**	LG=\$18 SM=\$9	\$(FEE) \$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$86 SM=\$43	\$ \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
Independent Claims: 1, 11 and 19					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Barry M. Shuman
Wei-Ning Yang (Contact Person)
Registration No. 38,690
Attorney for Applicant(s)
Barry M. Shuman
Registration No. 50,220

Dated: September 16, 2005

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Appl. No. 09/811,028
Amdt. Dated September 16, 2005
Reply to Office Action of June 30, 2005

Attorney Docket No. 81841.0154
Customer No. 26021


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:
Donald J. Gjerdigen, et al.
Serial No.: 09/811,028
Confirmation No.: 5691
Filed: March 16, 2001
For: **ROTARY INCUBATION STATION
FOR IMMUNOASSAY SYSTEMS**

Art Unit: 1743
Examiner: Latoya I. Cross

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AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF
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P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated June 30, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.